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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

		na anno control number.
Application Number	09/441,656	
Filing Date	11-12-99	31
First Named Inventor	N. Elsey	REI FE 26
Group Art Unit	2743	82
Examiner Name	TBA	7 P.
Attorney Docket Number	41698-1012	LR =

			ENCLOSURES	(check	(all that apply)	
X Fee Transmittal Fo	m		Assignment Papers (for an Application)		After Allowance Communication to Group	
χ Fee Attache			Drawing(s)		Appeal Communication to Board of Appeals and Interferences	
Amendment / Rep	y(Preliminary	怛	Licensing-related Papers		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
After Final			Petition		Proprietary Information	
Affidavits/de	Affidavits/declaration(s)		Petition to Convert to a Provisional Application		Status Letter	
Extension of Time Request		Power of Attorney, Revocation Change of Correspondence Address		Other Enclosure(s) (please identify below):		
Express Abandonment Request Information Disclosure Statement			Terminal Disclaimer Request for Refund	Check for \$762.00		
			CD, Number of CD(s)			
Certified Copy of Priority Document(s)			arks			
Response to Missing Parts/ Incomplete Application						
Response to Missing Parts						
under 37 CFR 1.52 or 1.53						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm or Individual name	Kaye, Scholer, Fierman, Hays & Handler, LLP Attn: Alex L. Yip					
Signature	aba Vi					
Date	02-16-01					
CERTIFICATE OF MAILING						

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

Typed or printed name

Alex L, Yip

Signature

Date

Date

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PTO/SB/17 (11-00)
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FEFEE TRANSMITTAL	Complete if Known		
LE I LANOMII I AL	Application Number	09/441,656	
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20200 for FY 2001

Patent fees are subject to annual revision.

spond to a collection of info	rmation unless it displays a valid OMB control number.
Co	mplete if Known
Application Number	09/441,656
Filing Date	11-12-99
First Named Inventor	N. Elsey
Examiner Name	TBA
Group Art Unit	2743
Attorney Docket No.	41698-1012

METHOD OF PAYMENT	FEE CALCULATION (continued)					
The Commissioner is hereby authorized to charge	3. ADDI	TIONAL I	FEES	55 77 6		
indicated fees and credit any overpayments to: Deposit	Lar		mali	600 EB		
Account Number 50-0988	Ent Fee Fe	•	ntity ee Foo Doscription	~ ~ (
Deposit	Code (\$)			FeedPaid		
Account Name Kaye, Scholer et al.	105 130	205 65	Surcharge - late filing fee or oath	 2 3		
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	127 50	227 25	5 Surcharge - late provisional filing fee or cover sheet	R S		
Applicant claims small entity status.	139 1 30	139 130	Non-English specification	<u> </u>		
See 37 CFR 1.27	147 2,520	147 2,52	9 For filing a request for ex parte reexamina	ation		
2. Payment Enclosed: Payment Enclosed: Money One On	112 920	112 920	0* Requesting publication of SIR prior to Examiner action			
X Check Credit card Money Other FEE CALCULATION	113 1,840	* 113 1,84	40* Requesting publication of SIR after Examiner action			
	115 110	215 55				
1. BASIC FILING FEE Large Entity Small Entity	116 390	216 195	Extension for reply within second month			
Fee Fee Fee Fee Description	117 890	217 445	Extension for reply within third month			
Code (\$) Code (\$) Fee Paid 101 710 201 355 Utility filing fee	118 1,390	218 695	Extension for reply within fourth month			
106 320 206 160 Design filing fee	128 1,890	228 945	Extension for reply within fifth month			
107 490 207 245 Plant filing fee	119 310	219 155	Notice of Appeal			
108 710 208 355 Reissue filing fee	120 310	220 155	Filing a brief in support of an appeal			
114 150 214 75 Provisional filing fee	121 270	221 135	Request for oral hearing			
	138 1,510	138 1,510	O Petition to institute a public use proceeding	9		
SUBTOTAL (1) (\$)	140 110	240 55	Petition to revive - unavoidable			
2. EXTRA CLAIM FEES Fee from	141 1,240	241 620	Petition to revive - unintentional			
Extra Claims below Fee Paid	142 1,240	242 620	Utility issue fee (or reissue)			
Total Claims 50 -24** = 29 × 18 = 522	143 440	243 220	Design issue fee			
	144 600	244 300	Plant issue fee			
Multiple Dependent =	122 130	122 130	Petitions to the Commissioner			
Laure Falls and the same	123 50	123 50	Processing fee under 37 CFR 1.17(q)	ļ		
Large Entity Small Entity Fee Fee Fee Fee Description	126 180	126 180	Submission of Information Disclosure Stm	t		
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581 40	581 40	Recording each patent assignment per property (times number of properties)			
102 80 202 40 Independent claims in excess of 3	146 710	246 355				
104 270 204 135 Multiple dependent claim, if not paid	140 745	040 0	(37 CFR § 1.129(a))			
109 80 209 40 ** Reissue independent claims over original patent	149 710	249 355	For each additional invention to be examined (37 CFR § 1.129(b))			
110 18 210 9 ** Reissue claims in excess of 20	179 710	279 355	Request for Continued Examination (RCE)		
and over original patent	169 900	169 900	Request for expedited examination of a design application			
SUBTOTAL (2) (\$) 762.00	Other fee (s	specify)				
**or number previously paid, if greater; For Reissues, see above	*Reduced I	y Basic Fili	ng Fee Paid SUBTOTAL (3)			

SUBMITTED BY				Complete (if applicable)		
Name (Print/Type)	Alex L. Yip	Registration No. (Attorney/Agent)	34,759	Telephone	(212) 836-7363	
Signature	(dkg 2	2:		Date	02-16-01	

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